

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 11, 1991

ALL-COUNTY LETTER NO. 91-15

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)  
HOMELESS ASSISTANCE REPORTING

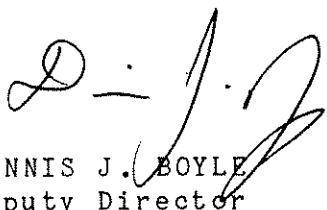
REFERENCE: AUDITOR GENERAL REPORT NO. P-872 (APRIL 1990)

This letter transmits a revised camera-ready copy of the AFDC-FG/U Homeless Assistance (HA) Program Monthly Statistical Report (Form CA 237 HA). This report has been revised to include additional data needed to more effectively manage the HA program, to obtain more accurate data, and to meet administrative and legislative needs. The added data item is:

A new column entitled "Permanent w/Temp." which will capture those requests for permanent shelter assistance in which there has been a request (either past or concurrent) for temporary shelter assistance.

This revised report will be effective July 1, 1991. Please use the new report form at that time.

If you have any questions, please contact Levy St. Mary of the Statistical Services Bureau at (916) 445-2135.

  
DENNIS J. BOYLE  
Deputy Director

Enclosures

cc: CWDA

Send this copy to:  
**DEPARTMENT OF SOCIAL SERVICES**  
**Statistical Services**  
**744 P Street, M.S. 19-81**  
**Sacramento, CA 95814**

# AFDC-FAMILY GROUPS AND UNEMPLOYED HOMELESS ASSISTANCE PROGRAM MONTHLY STATISTICAL REPORT

|              |                |
|--------------|----------------|
| COUNTY       | COUNTY CODE    |
| FOR MONTH OF | STATE USE ONLY |

| PART A. REQUESTS FOR HOMELESS ASSISTANCE                              | TEMPORARY | PERMANENT | PERMANENT<br>(W/TEMP.) | TOTAL |
|---|-----------|-----------|------------------------|-------|
| 1. Pending from prior month<br>(Item 5 of last month or explain)..... |           |           |                        | 01    |
| 2. Received during month.....   | 02        | 03        | 04                     | 05    |
| 3. Total on hand for the month.....                                   |           |           |                        | 06    |
| 4. Disposed of during month<br>(Equals sum of cells 11+15).....       |           |           |                        | 07    |
| a. Total approved.....  | 08        | 09        | 10                     | 11    |
| b. Total denied.....  | 12        | 13        | 14                     | 15    |
| 5. Pending at end of month<br>(Equals cell 06 - cell 07).....         |           |           |                        | 16    |

## PART B. TEMPORARY SHELTER INFORMATION

|  |    |
|--|----|
| 6. Total number of days authorized for temporary shelter requests<br>approved during the month (cell 09).....        | 17 |
| 7. Number of cases granted temporary shelter based on apparent<br>eligibility but subsequently found ineligible..... | 18 |

## PART C. NET EXPENDITURES

|  |    |
|--|----|
| 8. Net expenditures (Equals sum of cells 20 + 21)..... | 19 |
| a. Temporary shelter case expenditures.....            | 20 |
| b. Permanent shelter case expenditures.....            | 21 |

## PART D. SPECIAL INFORMATION

|  |    |
|--|----|
| 9. Number of requests received from new applicants<br>(Versus current recipients)..... | 22 |
| 10. Number of requests approved for new applicants<br>(Versus current recipients)..... | 23 |

(To be used only upon instructions from SDSS)

|                     |                  |      |
|---------------------|------------------|------|
| Report prepared by: | Telephone<br>( ) | Date |
|---------------------|------------------|------|

AID TO FAMILIES WITH DEPENDENT CHILDREN  
HOMELESS ASSISTANCE STATISTICAL REPORT  
(FORM CA 237-HA)

CONTENT

For the AFDC Homeless Assistance (HA) Program this report provides monthly data on the requests for homeless assistance, the number of requests approved and denied, and the net amount of all HA paid during the report month.

PURPOSE

The purpose of this data is to provide County, State and Federal administrators with information needed for budgeting, staffing, program planning and for other administrative responsibilities.

DISTRIBUTION

Data in this report is compiled and distributed to the State Legislature, U.S. Department of Health and Human Services, State Department of Social Services Administrators and other administrative staff.

DUE DATE

Report is to be received in Sacramento on or before the eight working day of the calendar month following the report month.  
Send report to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

When data is unavailable or has not been reconciled, transmit a report by the due date containing all available information. Attach a note indicating when the department can expect to receive the rest of the report. Forward missing figures as soon as possible. A report shall be submitted even if there were no requests for HA in the County for the report month.

GENERAL INSTRUCTIONS

PART A - REQUEST FOR HOMELESS ASSISTANCE

Part A summarizes HA request activities during the report month.

1. Pending from prior month - Entry will equal Item 5 of the previous month's report or be explained in a footnote. (It is anticipated that this entry will be very low as most cases will be processed within a very short timeframe).
2. Received during month - Enter the total number of requests received for HA during the report month. These numbers should be broken out by:

Temporary (Col. 1) - Requests received for temporary housing assistance only,

Permanent (Col. 2) - Requests received for permanent housing assistance only, and

Permanent (w/Temp.) (Col. 3) - Requests received for permanent housing assistance where there was a prior request for temporary housing assistance within the last 12 months or the family requested both temporary and permanent housing assistance simultaneously.

NOTE: THIS BREAKOUT WILL PROVIDE FOR UNDUPLICATED COUNTS FOR HOMELESS ASSISTANCE

3. Total on hand for the month - Enter the total number of requests available to process during the report month. (This entry will include any requests pending from the prior month plus those received during the report month).
4. Disposed of during month - Enter the total number of requests for which an action has been taken at some time during the report month. (This entry will include all approvals and denials for the report month).
  - 4.a. Enter the total number of approved requests for which there has been benefits issued during the report month for both temporary and permanent or permanent combined shelter.
  - 4.b. Enter the total number of requests for which a denial has been issued for temporary, permanent or permanent combined shelter.
5. Pending at the end of month - Enter the number of requests carried forward to the next month. (As with Item 1, there is very little activity anticipated with regard to pending requests).

**PART B - TEMPORARY SHELTER INFORMATION**

6. Total number of days authorized for temporary shelter requests approved during the month. E.g., three requests were approved for one week of temporary shelter each. Therefore, the total number of days authorized would be 21.
7. Number of requests granted temporary shelter based on apparent eligibility but subsequently found ineligible during the report month. E.g., a request for temporary shelter is approved because the initial information provided to EW's indicated presumably eligible person. However, after the verification process, information rendering the person ineligible is obtained. Therefore this person would be discontinued.

**PART C - NET EXPENDITURES**

8. Net expenditures - This part of the report provides for a summary of the net amount of HA aid issued to eligible persons approved for temporary or permanent shelter. The amounts entered in this item should correspond with those reported on the fiscal summary documents.
  - 8.a. Temporary shelter case expenditures - Enter the net amount of HA aid issued to persons approved for temporary shelter only.
  - 8.b. Permanent shelter case expenditures - Enter the net amount of HA aid issued to persons approved for permanent shelter only.

**PART D - SPECIAL INFORMATION**

9. Number of requests received from new applicants (versus current recipients) - Enter the total number of requests for shelter (temporary or permanent) during the report month from persons who at the time of the request were not receiving AFDC as opposed to persons requesting shelter who are already receiving AFDC.
10. Number of requests approved for new applicants (versus current recipients) - Of the requests approved during the report month, enter those which represents approved requests from new applicants for both temporary and permanent shelter.

NOTE: THE REMAINING AREA OF PART D IS TO BE USED ONLY UPON THE INSTRUCTIONS FROM THE STATE DEPARTMENT OF SOCIAL SERVICES.

FORM CA 237-HA

Fill in the information requested at the top and bottom of the report form. If there is nothing to report on an item enter "0"; do not leave any items blank. However, if there is nothing to report on any items in PART A, PART B, PART C, or PART D, draw a line across the entire PART - zero entries need not be made in this instance.